	Complete if Known	Complete if Known		
Substitute for form 1449A/PTO	Application Number			
	Filing Date			
INFORMATION DISCLOSURE STATEMENT BY APPLICANT	First Named Inventor	John Shingle		
(Use as many sheets as necessary)	Group Art Unit			
(Ose as many success as necessary)	Examiner Name			
Sheet of	Attorney Docket Number	17925(02298)		

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Examiner	Date	
Signature	Considered	

(Information Disclosure Statement -- Section 2. FORM 1449A/PTO (PTO/SB/08A)

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